

WAIVER OF NON-INVOLVED *SKELLY* OFFICER

In the matter of: _____

Penalty Level: _____

Service Date of Personnel Action: _____

By signing this document, I certify the following:

- (a) I understand my *Skelly* due process rights including the right to an impartial reviewer.
- (b) I voluntarily request and agree that the *Skelly* Officer is to be the person who signed the Notice of Adverse Action even though this reviewer may have been involved in the initiation of the investigation; participated in the decision to refer the matter for investigation; personally reviewed the results of the investigation before deciding to initiate an adverse action; recommended a specific action or penalty level; or is the sole decision maker regarding the matters leading to the above referenced adverse action.
- (c) I have been provided sufficient time to consider my options regarding my decision to waive this portion of my *Skelly* rights prior to signing this waiver.
- (d) I am not signing this document under duress.
- (e) I understand that waiving this portion of my *Skelly* rights will neither directly nor indirectly afford me any special consideration for a lesser penalty.
- (f) I am not waiving any other *Skelly* right(s) that may be afforded by Title 2, California Code of Regulations, Section 52.3.
- (g) I will not pursue a *Skelly* violation complaint or defense relative to the impartiality of the designated *Skelly* Officer or hereinafter agreed upon *Skelly* Officer for this action.

Employee

Date

Employee's Representative

Date

Hiring Authority

Date

Employee Relations Officer or Vertical Advocate

Date